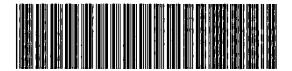
731860

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	-WAIT	MAIL
(Bu	siness Entity Na	me)
(Го	cument Number)	
(00	cument Number,)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



400189059494

01/03/11--01055--027 **43.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Maneth 8

Maneth

COVER LETTER

TO: Amendment Section Division of Corporations.		aD.
NAME OF CORPORATION: CORALGAB	LES Chamber	Symphony DOPE
DOCUMENT NUMBER: 731860)	
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
MRS Be (Name of Co	LLA Sm (TH) ontact Person)	
MCORAL GABLES (Firm/C	CHAMBER SYM	nphony & oper
700 SANTANDE	RAUENUE dress)	·
CORAL GABL (City/ State a	es, Florida and Zip Code)	,33134
BSARGONAL E-mail address: (to be used f	or future annual report notification	DUTH NET
For further information concerning this matter, please ca	all:	
MRS BELLA SMITH (Name of Contact Person)	at (<u>385</u>) <u>443</u> (Area Code & Daytime	-737 <u>0</u> Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of	State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2011

BELLA SMITH CORAL GABLES CHAMBER SYMPHONY 700 SANTANDER AVENUE CORAL GABLES, FL. 33134-6525

SUBJECT: THE CORAL GABLES CHAMBER SYMPHONY & THE CORAL GABLES OPERA, INC.
Ref. Number: 731860

We have received your document for THE CORAL GABLES CHAMBER SYMPHONY & THE CORAL GABLES OPERA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 611A00000502

the attached broppieley meets all the requirements

Dear Ms albritton Your speaking with me is much

Articles of Amendment to Articles of Incorporation of

THE CORAL GABLES CHAMBER (Name of Corporation as currently filed with			GABLE
(Document Number of Corporate	<u>٥</u>		OPERA
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Prof</i>	fit Corporation add	pts
A. If amending name, enter the new name of the corporation CORAL GABLES CHAMBER The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	RSYMPHONY 1 "corporation" or "incorp	SOPERA Porated" or the	,INC
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			35 35
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JANZ	CRETARY OF STATIONS
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the	
Name of New Registered Agent:	NA		
New Registered Office Address: (Flor	ida street address)		
**************************************	(City)	Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	igent: familiar with and accept i	the obligations of	the
Simpture of New	Registered Agent if chang	ino	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type o
			
		<u> </u>	
		· • • • • • • • • • • • • • • • • • • •	
		-	LJ R6
E. <u>If amend</u> (a <i>ttach ad</i>	ling or adding additional Article	cles, enter change(s) here: (Be specific)	
			·

The date of each amendment(s) adoption	: JANAVARUS 2011
-	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
There are no members or members enti adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were
Dated	<u>011 </u>
(By the chairman have not been so	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary)
	Sibson Dorce (Typed or printed name of person signing)
	Secretary (Title of person signing)